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Freescale Semiconductor, Inc.

Law Department

7700 W. Parmer Lane

MD: TX32/PL02

Austin, TX 78729

Telephone: (512) 996-6839

Facsimile: (512) 996-6854

19 Number of Pages (including this page)

Date: August 16, 2005

To: Huisman, David J. - 2183

Location: United States Patent and Trademark Office

Fax No.: (571) 273-8300

From: Joanna G. Chiu - 43,629

Subject: 09/667,122- Moyer et al.

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MESSAGE:

Enclosed herewith, please find a FORMAL AMENDMENT for filing in the below-identified application.

ALL ITEMS MARKED WITH AN "X" ARE INCLUDED:

1.	X	1 page Facsimile Cover Sheet
2.	X	15 page Preliminary Amendment
3.	X	1 page Request for Continued Examination
4.	X	1 page Fee Transmittal (in duplicate)

Paid by Deposit Account: 503079, Freescale Semiconductor, Inc. \$910

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE TRANSMITTED TO THE PATENT AND TRADEMARK OFFICE:

ON: 8-16-05
Date

Paul Thomas
Signature

PLEASE GIVE THESE PAPERS TO:

EXAMINER: Huisman, David J.
GROUP ART UNIT: 2183
SERIAL NO.: 09/667,122
FILED: 21 SEPTEMBER 2000
INVENTOR: MOYER ET AL.

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DOCKET NO. SC11306TH

FEE TRANSMITTAL Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<i>Complete if Known</i>	
		Application Number	09/667,122
		Filing Date	21 September 2000
		First Named Inventor	Moyer et al.
		Examiner Name	Huisman, David J.
Group Art Unit		2183	
TOTAL AMOUNT OF PAYMENT		(\$) 790	
Attorney Docket No.		SC11306TH	

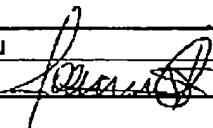
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METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 503079 Deposit Account Name FREESCALE SEMICONDUCTOR, INC. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.	FEE CALCULATION (continued) 3. 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SUBMITTED BY Name (Print/Type) Joanna G. Chiu Signature		Complete (if applicable) Registration No. 43,629 Telephone (512) 996-6839 Date 8/16/05	
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SUBMITTED BY Name (Print/Type) Joanna G. Chiu Signature 		Complete (if applicable) Registration No. 43,629 Telephone (512) 996-6839 Date 8/16/05																																																																																																																																																											

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